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## \*BIBDATASHEET\*

CONFIRMATION NO. 4083

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/792,096	<b>FILING OR 371(c) DATE</b> 03/03/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> 00038.04CON
<b>APPLICANTS</b> Ron L. Hale, Woodside, CA; Joshua D. Rabinowitz, Mountain View, CA; Dennis W. Solas, San Francisco, CA; Alejandro C. Zaffaroni, Atherton, CA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/155,621 05/22/2002 PAT 6,759,029 which claims benefit of 60/294,203 05/24/2001 and claims benefit of 60/317,479 09/05/2001 and claims benefit of 60/332,280 11/21/2001 and claims benefit of 60/336,218 10/30/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 05/21/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 16
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 37485				
<b>TITLE</b> DELIVERY OF RIZATRIPTAN OR ZOLMITRIPTAN THROUGH AN INHALATION ROUTE				
<b>FILING FEE RECEIVED</b> 985	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	